



Spring Field Hockey Skills Training Session

The Viper Sports Club will be holding Spring Field Hockey Training Sessions. Instruction will be given by the Viper Field Hockey Coaching Staff, which is comprised of college coaches and former collegiate FH players. Outdoor Skills will be taught – no scrimmaging

- **Tuesday Nights starting April 10th - May 29th - Grades 2 to 7**
- **Thursday Nights starting April 12th - May 31st - Grades 8 to 12**
- **All training sessions will run for 8 weeks from 7:00pm – 8:30pm**
- **Cost for the 8-week session is \$175 per player.**
- **Players will be divided by age groups**
- **Deadline for registration: April 4, 2012.**



REGISTRATION FORM - One Form per Participant (please print):

Check Skills Session:

Tuesday Nights:

Thursday Nights:

Name of Participant: _____ Position: _____

Address: _____

City/State: _____ Zip: _____ Yrs of Exp: _____

Home Phone: _____ Cell Phone: _____

School Name _____ Grade _____ Age: _____

Parents Email: _____

ASSUMPTION AND RELEASE OF LIABILITY. Contact sports are inherently dangerous. The undersigned, on behalf of the undersigned and the undersigned's child (collectively "Participant") hereby: (1) assume the risk of personal injury, property damage, or other loss (collectively "Injuries") to the Participant arising from or related to activities at the Viper Sports Club; (2) release Winning Edge Sports, LLC, Viper Sports Club, and its agents, employees, staff members, officers, directors and members (collectively "Viper Sports") from all liability, claims, or responsibility for Injuries to Participant; (3) grant permission for Participant to participate in activities at Viper Sports Club; and (4) release Viper Sports from Injury arising from any good faith acts or omissions in emergency situations. I authorize Viper Sports, its agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge Viper Sports, its agents, employees, staff members, directors and officers from any responsibility or liability related there to.

I agree that you may photograph and/or videotape my child or me during sports activities and that you retain the right to use these visual images in future literature for Viper Sports Club without compensation to my child or me. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting Viper Sports Club. I represent that I am over the age of 18 or a parent/guardian of the minor named below, and agree that the grant and release contained there in binds me and the minor of all of its terms.

Signature: _____

Make Check Payable (\$175) to: Viper Sports Club

Registration Deadline is April 4th

Participants must bring their own stick, mouth guard, shin guards.

PLEASE SUBMIT ALL REGISTRATION MATERIALS TO:

Viper Sports Club
 832 N Lewis Rd
 Limerick, PA 19468
 PHONE: 610-495-0999
 FAX: 610-495-0995

For Additional Information or Questions, Email: vipersportsclub@comcast.net

ALL TRAINING SESSION INFORMATION CAN BE FOUND AT: www.ViperSportsClub.com

For Office Use Only
Date Paid _____
Check Number _____
Amount \$ _____